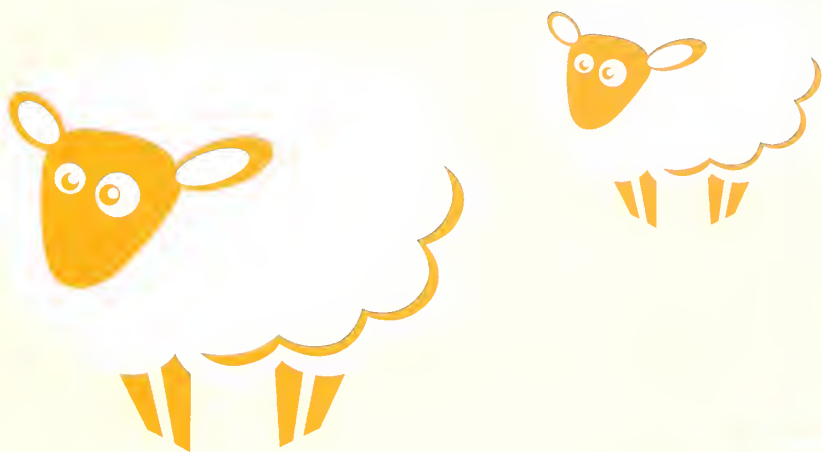




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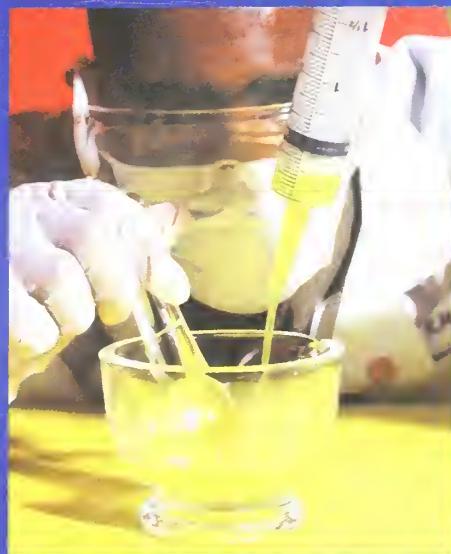
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**Phoenix in talks  
for possible  
Numark buy out**

**Mawdsleys calls  
for independent  
contractor lobby**

**US heads global  
internet fight on  
fake medicines**

**How specials  
manufacturing  
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**Contributing Editor**  
Adrienne de Mont, *FRPharmC*

**Marketing Editor**  
Sarah Thackeray

**Production Editor**  
Fay Jones, *BA*

**Group Art Editor**  
Richard Coates

**Editorial Secretary**  
Jan Power

Editorial (tel: 01732 377362)  
(fax) 01732 377365  
chemdrug@cmpinformation.com

**Price List**  
Liam Duggan (Controller)  
Doreen Larkin (Data Manager)  
Mara Locke  
Price List (tel: 01732 377362)  
(fax) 01732 377369

**Group Sales Manager**  
Quentin Soltan  
pharmacy-sales@cmpinformation.com

**Sales Manager**  
Mark Walley

**Classified Executive**  
Debra Thackeray, *BA*

**Advertisement Secretary**  
Liane Jones  
Advertising (tel: 01732 377362)  
(fax) 01732 377369

**Projects and Price Service Manager**  
Patrick Ginn, *MScPharm*

**Pharmacy Projects**  
Mary Prebble  
01732 377369

**Production**  
Kathrina Avery

**Publishing Director**  
Phil Cullow

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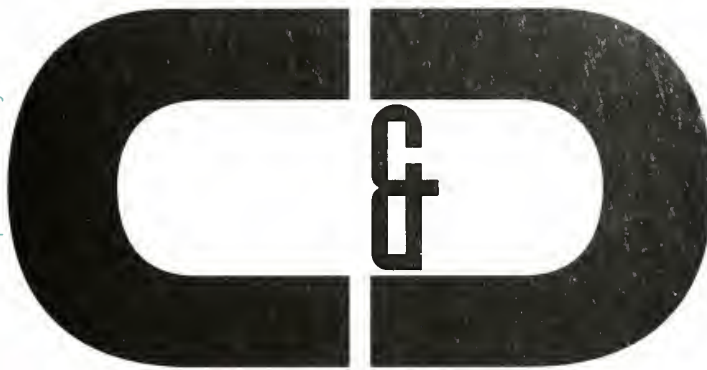
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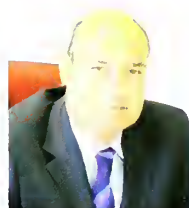
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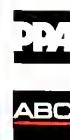
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United Business Media



# Phoenix debates bid for Numark shares

by Adrienne de Mont

Wholesaler Phoenix Medical Supplies, which owns 15 per cent of Numark Plc, is in detailed discussions with Numark's board about whether to make an offer for the remaining shares.

Both sides are restricted by legal agreements as to how much they can reveal, but David R Cole, Phoenix chief executive officer, said on Tuesday that, while discussions had been constructive, "it doesn't mean we will or will not make an offer".

A report in *The Times* on Monday speculated that the takeover would trigger windfalls for Numark shareholders and that Phoenix had decided to pursue a full takeover to pre-empt

Numark from pursuing a stock market listing.

But Mr Cole declined to comment, saying: "If Numark were to take a course of action that Phoenix believes is detrimental to itself or to its customers, who are Numark members, then Phoenix should fully explore any other options available."

"We are interested in the future trading success of Numark and what benefits it can bring to its members who are also Phoenix customers."

When asked what would be the benefits to Phoenix of a takeover, he said: "It's more to do with the alternatives that face Numark and what its possible actions might be, than any advantages to Phoenix."

"The two companies are very much entwined and rely on each other in a number of areas."

Phoenix owns the 385-strong chain of Rowlands pharmacies, which are Numark shareholders, so supports Numark through them, he added.

Numark has confirmed only that it had "received preliminary approaches from third parties which may or may not lead to an offer being made for the whole of the issued and to be issued share capital of Numark Plc".

Numark's board is emphasising to shareholders that there is no certainty that any approach would result in a formal offer.

David Wood, Numark's chief executive, told *C&D*: "Any possible offer would be put to the

shareholders for their decision. Most are practising community pharmacists, who are as interested in Numark going forward as a strong company as they are in the money."

The board would keep shareholders informed of any significant developments.

Numark, the largest "virtual chain" of independent pharmacies, has over 1,700 outlets in the UK. In August 2002 it converted to an unlisted plc, raising £6.2 million to develop the business. Results for the year ended December 31, 2004 are due to be published this month, but 2003 was a record year with turnover up 19 per cent to £48.3m and profit before tax up 61 per cent to £1.4m.

## Boots opens flagship store in Oxford Street



Boots 'The Chemist's' 'flagship' store opened on London's Oxford Street last Thursday. One of the store's four floors is dedicated to health care and includes a display area for consulting, a large display of health services equipment, BMI machines, a large medicine cabinet, and allows customers to consult without being overtaken.

A Boots spokesman said the pharmacy services will be



introduced progressively over the next few months. The store already offers cholesterol testing, smoking cessation services and BMI and BP measurements.

The spokesman added: "We are encouraged that the new contract, an increased focus on the role and value of community pharmacy and patient interest in

extended and accessible healthcare services, will increasingly allow us to provide additional professional services to our patients."

"We are currently engaged in the development of several concepts which we believe will be welcomed by our patients and pharmacists."

### EDUCATION

#### CPD update

Look out in next week's issue for the latest in the *Dendron/Over The Counter* training modules. The module looks at ear wax and offers pharmacy assistants the opportunity to win a prize for their pharmacy.



#### Update MCQ enclosed

This week's issue contains the questionnaire for the following Pharmacy Update modules carried in April:

- Kidney diseases part 1 (1333)
- Folic acid (1334)
- Basic bugs part 2 (1335).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be accessed on [www.dotpharmacy.com](http://www.dotpharmacy.com).

Further information is available from Mary Prebble on 01732 377269. Genus Pharmaceuticals supports the MCQ and telephone marking service.







## AU enters NI by buying Bairds for £81m

Alliance UniChem has confirmed that it has purchased the largest pharmacy group in Northern Ireland for approximately £81 million.

Alliance UniChem said on Wednesday that it had bought Bairds, which comprises three companies: E. A Baird & Co, Bairds Chemists and E. A Baird (N' Ards) Ltd and which had combined unaudited sales of £51.6m in 2004.

The purchase adds to the 880 Alliance Pharmacies (formerly known as Moss Pharmacy) already owned by Alliance UniChem and gives the group about a 10 per cent share of the Northern Ireland community pharmacy market, where it had previously been unrepresented. Bairds has about 500 employees including 75 pharmacists.

AU chief executive Ian Meakins said the purchase represented an "excellent strategic fit" with the Alliance Pharmacy portfolio and enabled it to enter the province's pharmacy market as leader.

Newsdesk:

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# Independent pharmacy needs own lobby group, says wholesaler

by Asha Fowells

Wholesaler Mawdsleys has called for independent pharmacy to have its own representative body.

John Davies, retail services director for the wholesaler, said that existing organisations, such as the Pharmaceutical Services Negotiating Committee and the National Pharmaceutical Association "presume to represent pharmacy". But their memberships include pharmacy chains and they do not reconcile the conflict that exists between independent and multiple contractors, he argued.

Companies such as Nucare and Numark find it difficult to balance their members' interests with

commercial pressures, and other wholesalers have their own pharmacy chains, said Mr Davies.

With no interest in pharmacy acquisitions, Mawdsleys is able to back independent contractors, both financially and through the provision of "virtual head office" support, but the sector needs a body to champion its interests, he concluded.

NPA chief executive John D'Arcy commented: "This is something that has been said for ages. We represent community pharmacy owners and feel we can reconcile the interests of big and small." Explaining that the NPA represents the majority of its membership, Mr D'Arcy cited resale price maintenance and

control of entry as examples where independent pharmacies' views had overruled some of the multiples' and influenced the NPAs position.

Mr D'Arcy said the NPA board was "heavily weighted" in favour of independents, and this did not necessarily represent the body's membership. But he warned of difficulties defining independent pharmacy and said that although demand would dictate whether a new organisation was set up, it could cause fragmentation.

Supporting Mawdsleys' view, Salim Jetha, chairman of pharmacy development group Avicenna, said not only would an independents' body be able to present the viewpoints of all

independent contractors, it would increase the sector's lobbying power and lead to increased accountability. Although independents have representatives on pharmacy bodies, they sometimes made decisions based on their own business, not the opinion of all independents, he explained.

Furthermore, although independent contractor numbers are dropping, the sector still represents nearly 50 per cent of community pharmacy owners. This could make a representative body bigger than the Association of Independent Multiple pharmacies or the Company Chemists' Association, Mr Jetha said.

# US targets illegal cyber drug dealers

The American Drug Enforcement Agency has foiled an internet drug trafficking ring illegally offering prescription drugs online.

The US organisation's operation led to the arrest of 20 people linked to the supply of substances including amphetamines and anabolic steroids via rogue internet pharmacies.

The "e-traffickers" offered restricted drugs via an international network of 200 websites spanning Europe, Asia and the US, according to the

DEA, which teamed up with the FBI and four international law enforcement agencies to clamp down on illegal practice. DEA administrator Karen Tandy said: "For too long the internet has been an open medicine cabinet with cyber drug dealers illegally doling out a vast array of narcotics, amphetamines and steroids."

Operation 'cyber chase' has received the backing of the British pharmaceutical industry. John Clark, chairman of the shortline wholesalers' lobby group, the British Association of Generics

Distributors, said: "It's sad that there are these rogue operators exploiting needy customers and I think this operation is a positive step against what is a worrying trend."

The British Association of Pharmaceutical Wholesalers warned UK pharmacists to be on the look-out for illegitimate web pharmacies. Executive director Martin Sawyer said: "All of us involved in the supply chain have a responsibility to maintain its integrity and this bust shows that we can't afford to be complacent about the state

of things in the UK."

The MHRA, which is investigating the discovery of counterfeit versions of anti-obesity medication Reductil and erectile dysfunction drug Cialis in 2004, stressed its commitment to the removal of all rogue online pharmacies. Spokeswoman Sarah Coakley said: "We are constantly on the look-out for illegal suppliers who tend to be distributing replica lifestyle drugs like growth hormone or Viagra."

"However, we don't want to put people off using legitimate internet pharmacies."

MG

## Financial viability of contract questioned

The new pharmacy contract is a fantastic opportunity but pharmacists are concerned about the financial aspects, warned an independent contractor last week.

Fin McCaul, proprietor of Prestwich Pharmacy near Manchester, said pharmacists were unsure whether the new contract was financially viable. "PSNC says it is, but we don't know," he said, adding that contractors would not know the full impact for a year. "Margins were not that good in the first place and pharmacy will go under if pay goes down and pharmacists are doing a lot more work," he commented at a London briefing last Thursday.

The new roles outlined in the contract are "fantastic and the right direction for pharmacy", said Mr McCaul. But he said it was "very disappointing" contractors had to wait a year for details of enhanced services, asking: "How can an LPC guarantee that all pharmacies in an area will deliver the same service if there is no national framework for



Mr McCaul: "Pharmacy will go under if pay goes down"

services such as minor ailments, which PCTs want?"

In addition, Mr McCaul asked if the money that had been taken out of dispensing via the recalibrated *Drug Tariff* and the PPRS scheme was going to be replaced with anything else. Lack of detail on service provision made it "difficult to know what to

do" he said, pointing out that much of the contract was about signposting patients – an unpaid "goodwill gesture".

Responding, PSNC said it was currently working on the enhanced services framework with the DoH "with the aim of publication as soon as possible". These service specifications would not only allow contractors and LPCs to plan to provide services according to local need, but also enable them to "pitch to provide services" to their PCT, the organisation said.

In addition, the negotiating body denied Mr McCaul's claim that money had been lost from dispensing, saying remuneration had increased.

Commenting on the action pharmacists could take now, PSNC said: "Contractors should be deciding when they wish to develop advanced services and planning how to develop other aspects of their business to take advantage of the opportunities provided by the new use of the pharmacy service."

AF

## Pharmacists warned to use IT fully

Pharmacists will struggle to deliver the new contract without using integrated IT systems, a senior representative of a pharmacy IT supplier has said.

IT is fundamental to pharmacy's new roles, so pharmacists need to ensure they are using all their computer system's functions to compete. "The centre of gravity of pharmacy is moving forward from the dispensary to the counter," said Martin Jones, Positive Solutions' commercial manager. He said pharmacists need to be able to access their computer system from wherever they deliver a service, not just the dispensary.

Systems are evolving to support new services, he added. In the future, MUR and prescription intervention applications could lead pharmacists through a consultation via prompts.

## Questiontime

### This week's question:

Would you support a distinct lobbying voice for independent pharmacy?

- Yes, pharmacy's profile is too small
- Yes, multiples too dominant
- Not sure, organisations already lobby
- No, too diverse

You have until noon on May 10 to vote at [www.dotpharmacy.com](http://www.dotpharmacy.com). We will publish the results in C&D on May 14.

## CAMRx convention line-up

PSNC finance head Mike Dent and NIA head of education and training Lesley Johnson will be discussing the impact of the new pharmacy contract at development group CAMRx's annual convention next month.

Mr Dent will give a contract overview and Ms Johnson will discuss the contract's training

requirements at the conference from June 25 to 26 at Wyboston Lakes, Bedfordshire. Speakers from UniChem will highlight the wholesaler's contract resource, and business consultant Roger Harrop will discuss how to maintain profitable growth.

Further details can be obtained by calling 01530 510520.

### WHOLESALEERS

## UniChem raises tsunami funds

UniChem's independent pharmacy customers have raised £17,000 for the Disasters Emergency Committee's (DEC) tsunami earthquake appeal.

Four thousand collection tins were placed in UniChem pharmacies in January.



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# New pharmacy aims to help Bradford addicts

by Asha Fowells

A pharmacy opened in a deprived area of West Yorkshire last week following support from the local drug dependency centre.

Healthy Living Pharmacy, which opened next to the Ripple drug treatment centre on the Buttershaw estate in Bradford, hopes to play a key role in helping addicts via methadone treatment and needle exchange services.

In addition to a conventional retail area and consulting room, the pharmacy features a separate area for addicts including a dedicated entrance and consulting room.

Pharmacist David Leakey said: "This will allow us to offer retail customers as good a service as possible without downgrading the service offered to Ripple clients."

Mr Leakey added that he and director Mark Chenery had invested "a considerable sum" in setting up the store, though the



drug clinic had undertaken some structural work on the building.

Furthermore, the pair have saved on the expense of relocating an existing pharmacy as

the PCT granted them a new pharmacy contract under the 'necessary and desirable' test, despite opposition from local contractors.

## Administrative class proposal

The Royal Pharmaceutical Society should set up an 'administrative' category of pharmacist membership, a trade organisation for pharmacy multiples has proposed.

The RPSGB's classification of practising and non-practising pharmacists does not go far enough, the Association of Independent Multiple pharmacies has said.

Pharmacists who do not come face to face with patients do not want to register as non-practising because they want to advise colleagues on issues such as clinical governance, the group says.

As major employers of community pharmacists, AIMp members want the Society's Register to be sufficiently balanced and robust for them to confirm that a pharmacist is suitably qualified and has undertaken appropriate CPD for the community sector.

## Confusion over pharmacy IT systems' compliance

AAH Pharmaceuticals has said its Link Evolution system is NPfIT-compliant, despite PSNC saying no pharmacy systems meet the programme's standards.

PSNC's latest *Community Pharmacy News* says that the £58 million IT allowance allocated in the new contract will be distributed equally between contractors.

But the newsletter states: "The actual figure has not been agreed yet as there are still no NPfIT compliant pharmacy systems in the marketplace."

However, AAH customer technology controller Geoff Mackay said Link Evolution had passed NPfIT's "sandpit testing". This accreditation meant the system was used successfully in a

virtual N3 environment before it started to be used in the first ETP pilot in Keighley, Yorkshire in February (*C&D*, April 2, p4).

PSNC IT head Lindsay McClure reiterated that no pharmacy systems were NPfIT compliant, but said the organisation would issue a statement about the issue after *C&D* was due to go to press. **AF**

## Delegates put to the test

Some 160 delegates at the Diabetes UK Annual Professional Conference at Glasgow's SECC in April volunteered for free diabetes screening by a Lloydspharmacy pharmacist.

The screening illustrated how the chain's free finger prick blood test operates in more than 1,200 Lloydspharmacy outlets.

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# Duo reprimanded over 'shambolic' stock-keeping

The former owner of a Chester pharmacy and a locum pharmacist who worked there have been reprimanded.

Dennis Keegan, solicitor for both men admitted at a hearing of the Statutory Committee of the Royal Pharmaceutical Society that the situation at the Royal House Pharmacy in Chester had been "shambolic" with out of date stock. But he said things had improved at the pharmacy owned by Pak Kao Ho of Wrexham.

Mr Ho and his locum, Robert Nicholson of Chester, were both before the Committee, which heard that Mr Ho had been warned four times about out of date medicine being kept there and Mr Nicholson had been warned six times.

Mr Keegan told the Committee the business had been a "rocky ride" with "dips and rises" but Mr Ho had later decided he could not cope and got out. Mr Ho now works as a locum in the North Wales area while Mr Nicholson continues at the same

premises under new owners.

Reprimanding the two men, who were accused of misconduct, Committee chairman, Lord Fraser of Carmyllie QC, said they had been advised from 1998 about "out of date" stock and, although there had been an improvement, "the situation deteriorated" and there were significant quantities of date-expired stock.

The Committee heard that one patient suffered headaches after being given hormone replacement tablets from the pharmacy that were later found to be out of date and unlabelled. However, in announcing his decision, Lord Fraser said that there was "no causal link" between her headaches and the pills.

Geoff Hudson, for the Society, said the tablets the woman took were a month out of date and by the time she completed the course would have been four months out of date.

"She had suffered very bad headaches and wondered

whether it was worth continuing, examined them and discovered they were out of date," said Mr Hudson.

He continued: "Mr Nicholson cannot have carried out proper checks as it would have involved making checks against the label and had received a formal warning about such an error in November 1999."

A Society inspector went to the pharmacy and spoke to Mr Nicholson about the need to remove date-expired stock from dispensary shelves and also spoke to Mr Ho and left advice notes.

Mr Nicholson had received a warning when he dispensed medicine without a label in November 1999 and Mr Ho received a warning in September 2000 when a medicine with an expiry date over a year old was dispensed.

Mr Ho told the hearing he had sold the shop and three others he had owned and had no intention of buying another. He also apologised to the woman.

## STATUTORY COMMITTEE

### Pharmacy sale results in delay to decision

A Leicester pharmacist faces a new wait before hearing the outcome of disciplinary proceedings against her.

The Statutory Committee of the Royal Pharmaceutical Society postponed its decision over Shital Popat of Countesthorpe Chemists, Leicester, until May 24, pending completion of the sale of the premises.

Mother of two, Mrs Popat, who is pregnant with a third child, broke down in tears during a hearing last month. She told the Committee she took the allegations against her very seriously and was in the process of selling the pharmacy, hoping to work as a locum.

The Committee heard that an "inadequate" system for disposal of patient returned medicines and improperly labelled medicines were discovered at the pharmacy.

The Committee was told that Mrs Popat was in the throes of selling the practice and adjourned its decision.

# Pharmacist reprimanded after giving up practising

A north London pharmacist who dispensed tablets that were double the strength of those prescribed to a thyroid patient has been reprimanded by his professional body.

The Statutory Committee of the Royal Pharmaceutical Society said it considered it could confine its punishment of Joseph Francois, from Palmers Green, to a reprimand in the light of his decision to give up practising.

The Committee heard that Mr Francois, who was superintendent pharmacist at the premises in London's Kentish Town, later told the patient concerned the double dose would not be harmful or "anything to worry about".

However, Mr Francois told the Committee last month that he intended to resign as a member of the society and not practise again.

The Committee was told in written submissions before it that Mr Francois had at one time been issued with a prescription for 25mcg tablets, he

dispensed thyroxine 50mcg tablets labelled as 25mcg.

Between April 10 and 24, the patient took the tablets and was said to have felt "tired and debilitated". His symptoms were said to have persisted until mid May last year.

When interviewed, Mr Francois said the tablets, which had similar packaging to the lower strength ones, had been kept close to each other on the dispensary shelves and he thought this might have contributed to his error.

At the hearing he denied saying anything about the overdose not being harmful or being nothing to worry about.

Announcing the reprimand, Committee chairman Lord Fraser of Carmyllie QC said Mr Francois had in error dispensed 50mcg, although it was labelled as 25mcg.

He said that "as a result of the undertakings" given by Mr Francois, the Committee felt able to restrict its sanction to a reprimand.

## STATUTORY COMMITTEE

### Drink-drive pharmacist given 18 months to show recovery

Perranporth pharmacist Gillian Eldridge faces an 18-month wait for the outcome of a disciplinary hearing after she was caught driving with over three times the legal limit of alcohol in her blood on her way to work.

The Statutory Committee of the Royal Pharmaceutical Society adjourned the hearing into her allegedly unprofessional conduct for 18 months while she continues her recovery from alcoholism. Committee chairman, Lord Fraser of Carmyllie QC, said she "reveals a very bleak story" but said that if her recovery continues she can expect no more than a reprimand.

He said there was "evidence of a long history of alcoholism and her own son had advised the inspector she was a chronic alcoholic and in denial".

She drove at three and a half times the drink-drive limit and relapsed in June 2004 while staying with her sister, he said.

Announcing the Committee's

conclusion, he said: "We're prepared to adjourn for 18 months with a number of undertakings. If she continues well she can expect no more than a reprimand."

She must have regular contact with Birdsgrove House, undergo regular testing, contact with a psychiatrist and consent to her medical records being made available if there was any concern.

Joe Mee, co-ordinator of the pharmacists' support group based at Birdsgrove House, said after she left the centre in May last year contact had been "scrappy" for some months but had improved over the past two months.

He said that family problems, including the jailing of her then husband, had had an effect upon her.

Geoff Hudson, solicitor for the Society, told the Committee that in the months leading up to the incident there had been occasions when she had arrived late at work and smelling of alcohol.



# Locum pharmacist awaits outcome of disciplinary hearing

A pharmacist who made errors while working as a locum in Cheltenham must wait to hear the outcome of disciplinary proceedings taken against him last month.

The Statutory Committee of the Royal Pharmaceutical Society adjourned its decision on Nigel Carpenter, who appeared before it in respect of errors in a repeat prescription system.

Mr Carpenter, from Cornwall, got into trouble over his prescription system while working as a locum pharmacist in charge of Martin's Pharmacy in Cheltenham, Gloucestershire.

He admitted allegations of misconduct involving "failing to maintain accurate and timely records, supplying medicines not required and endorsed for payment when not supplied".

David Reissner, his counsel, told the Committee the allegations were now serious

enough for Mr Carpenter's name to be erased from the Register. He also complained about delays in bringing the case.

In his evidence Mr Carpenter said he had been working at the pharmacy for three years until December 2002.

"When I first worked at the pharmacy the system had already been put in place – I inherited the system."

He said he had complained about the way the system was operated but said the owner did not want it changed. "I was under a great deal of pressure at the time," he said.

He continued: "I can only apologise profusely for the failings. I cannot believe I let my standards slip so low. I should have walked away."

"I can't believe how I approached my professional obligations. I'm guilty of shambolic record-keeping."

Earlier, Penella Morris, counsel for the Society, told the Committee that at one stage double prescriptions and double medication was being dispensed on the same day.

She said there had also been incidents of double billing against them to the Prescription Pricing Authority.

She told the Committee: "He set up and operated a repeat prescription service not in accordance with the *Code of Ethics* and there was not a clear audit trail."

She continued: "Pharmacists may not request a repeat prescription from a surgery before obtaining the patient or carer's consent."

At the time of each request the pharmacist must establish which items the patient or carer considers are required and ensure that unnecessary supplies are not made."

She said Mr Carpenter had operated the system at the pharmacy between December 2001 and August 2002 and accepted prescriptions had not always been received from the surgery by the time the patients had attended to collect their medicines, request forms were not always completed correctly and there were inadequate records of prescriptions due and records of medicines dispensed.

Ms Morris said: "There is no dishonesty or impropriety alleged but his systems were very, very gravely lacking."

"He didn't keep proper records and as a result submitted erroneously endorsed prescriptions to the PPA – there was a cost to the public purse."

"The system was hopelessly incomplete and there were improper claims for medicines and uncertainty in patient's medicines."

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# Strong first quarter pharmaceutical results please city analysts

GlaxoSmithKline and Astra Zeneca both reported strong first quarters which has prompted analysts to predict that generally improved margins in the pharma industry could be here to stay.

GSK reported an 18 per cent increase in operating profits to £1,747 million in its first quarter results.

Astra Zeneca, meanwhile, posted an even more impressive hike in its operating profits, ending its first quarter at £1,453m, up 34 per cent on 2004. Sales at AZ were up 9 per cent to \$5,743m, on the back of strong performances from key products

such as Nexium, Crestor, Seroquel and Arimidex.

Sales at GSK, meanwhile, rose to £5,036m, up 4 per cent on last year's first quarter, thanks to a 10 per cent increase in European sales, fuelled by strong performances from Seretide, Avandia and the antithrombotic Fraxiparine.

GSK's over the counter business reported a 5 per cent sales growth, led by smoking cessation products.

Analysts have greeted the companies' first quarter results with mixed enthusiasm. Morten Herholdt, global healthcare

analyst at Barclays Stockbrokers, pointed out that the better than expected results had been driven largely by lower spending on general marketing and R&D, which was unlikely to be sustained throughout the year.

He added that the strong share price performance of Glaxo on the day was due more to the resolution of manufacturing issues at its Puerto Rico plant, which avoided a fine and which allowed Paxil CR (paroxetine hydrochloride controlled release) and Avandamet (rosiglitazone maleate/metformin hydrochloride) drugs back onto

the US market, than any long-term optimism.

GSK has also been thrown something of a lifeline after a US judge denied US tax regulators the opportunity to exclude information relating to a \$1.9 billion tax bill, which GSK is contesting.

This information will now be submitted for consideration at the full trial scheduled for October next year.

However, long-term, prospects in the pharma industry are good, believes Mr Herholdt, providing drug pipeline confidence is maintained.

AC



SPF repeats stability warning over Scottish health bill

## SPF repeats stability warning over Scottish health bill

The Scottish Pharmaceutical Federation has repeated a warning that Scotland's latest health bill could undermine the stability of the pharmacy network.

Chairman James Semple had told the health committee in February that although the federation supported the thrust of the *Smoking, Health and Social Care (Scotland) Bill*, it would "wait until we see the regulations, as that is where the day to day problems might arise".

The Committee's stage 1 report (CSD, April 30, p5) was presented to the Scottish Parliament last week, when deputy health minister Rhona

Brankin said the bill would secure and extend the role of community pharmacists to "ensure that they play a significant role in delivery of primary healthcare".

But Mr Semple claims he has seen nothing yet from the Scottish Executive to allay his concerns.

"Until we see some flesh on the Executive's regulations and consider their long-term implications, I stand by my words."

Ideas that look good now might, in the long-term, affect the stability of a hugely effective pharmacy network, he believes, so representatives of the profession must be involved at all points in the regulatory process.

AdeM

## Essex pharmacist voices concerns to MP Iain Duncan-Smith

Former leader of the Conservative party, Iain Duncan-Smith, MP for Chingford & Woodford Green, visited Hatch Pharmacy, Chingford, Essex on April 28.

Pharmacist Herman Benjamin wrote to him complaining about the impact that the requirement under the new contract for pharmacies to dispense at least 100 prescriptions per month to qualify for a £21,000 payment would have on small pharmacies in his constituency.

He wrote to Mr Duncan-Smith, expressing his concern that

pharmacists in our area would find it very difficult to reach that figure, particularly since some doctors are writing prescriptions for three months at a time," said Mr Benjamin.

"Some pharmacies in our area will lose out on the annual establishment payment, which could have drastic consequences for their businesses."

Mr Duncan-Smith, who visited the pharmacy for around half an hour in between electioneering prior to polling day, said he would look into the matter.

JE



From the left are Herman Benjamin, Iain Duncan-Smith, and two other men.



## A decorative border at the bottom of the page featuring a row of green grass and three purple butterflies. One butterfly is on the left, one is in the middle, and one is on the right.



*Quality medicines at sensible prices*

1. *Chronic depression* (Major Depressive Disorder, *DSM-IV* 296.2x) is a severe, long-term condition that affects approximately 10% of the population. It is characterized by persistent feelings of sadness, loss of interest in activities, and changes in appetite and sleep patterns.



Our question to pharmacists this week was:

**Do you think pharmacies should be the key source of pet medicines in the community?**

**"They should be a supplier but not the main one, otherwise you'd have to stock the whole range"**

Peter Bhamra,

Isle of Dogs

**"Pharmacies should only deal with human medicines; the physiology of animals is quite different"**

Edward Gale,

Catterick Garrison

## Comment

### from the Editor

With the election over, the priorities for this new parliamentary session are now being finalised.

The views of the electorate should still be fresh in the minds of the newly returned MPs and it should be hoped that these will shape the Government's priorities for the months ahead. But there were some issues that were not addressed in all the electioneering.

Europe was the biggie, with none of the three main parties making it a feature of their campaigns – and there are three major European directives out there about to impact on pharmacy.

For once primary care – rather than the hospital sector – did get a mention when Mr Blair expressed his ignorance over the booking systems in place at GP surgeries.

Unfortunately, the other elements of primary care were just not on the agenda. Nor was the high street business environment.

For pharmacy this could mean that everything is perceived as hunky dory – or that the profession still does not figure large

enough in the big picture. So should this session of parliament be an opportunity to step up the lobbying by pharmacy?

But what sort of lobbying? Pharmacy is often criticised for lacking one strong coherent voice (and for too much internal bickering). The call this week for a new lobby group to represent the independent sector could only worsen that perception. But the omens are not good – the inexorable trend is towards consolidation, whether in terms of the might of the supermarkets or even 'super surgery' health centres.

There is strength in numbers – now is not the time to further fragment the voice of pharmacy, but to join with other 'minority groups' to remind MPs of how important we really are.

**Should this be an opportunity to step up lobbying by pharmacy?**

## Theirviews

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

Unicef and WHO take stock of this devastating disease

## Roll back malaria

The launch of Roll Back Malaria (RBM) in 1998 was a catalyst for renewed global commitment to tackle a disease that affects 3.2 billion people and has devastating effects on health and development.

Malaria exacts its greatest toll on the world's poorest. It kills at least one million people a year, yet it is treatable and largely preventable. The ambitious RBM goal of halving the global malaria by 2010 remains an imperative.

During the 1980s and 1990s, malaria increased in Africa as a result of drug and insecticide resistance and a deterioration of primary health services. Malaria also increased in the Eastern Mediterranean and South-East

Asia subregions, and re-emerged in several Central Asian countries. The emergence and spread of parasite resistance to previously effective low-cost drugs has posed a major challenge for control efforts in all regions. The need to prevent both malaria infections and subsequent illness and to provide prompt treatment using newer combinations of effective drugs is ever more urgent.

There are many encouraging examples of progress. However, much more needs to be done to remove obstacles. There is a significant gap between the resources needed in the countries with the highest need and what is presently available. Financial

support and commitment have increased during the past two years, but a much higher level of sustained donor assistance will be required if we are to successfully scale-up malaria control efforts.

With sustained commitment, there is every reason to believe that we can reverse the march of malaria and that fewer communities will be affected by this highly controllable disease.

*By Carol Bellamy, executive director United Nations Children's Fund, and Dr Lee Jong-Work, director-general, World Health Organization in the foreword to the World Malaria Report 2005.*  
<http://rbm.who.int/wmr2005/>

Our online poll at [www.dotpharmacy.com](http://www.dotpharmacy.com) said...

63%

Yes, pharmacists are the medicines experts

26%

No, pharmacies should be part of the supply route

No, pharmacies should only deal with human medicines



### Why the big fuss?

The Pharmaceutical Contractors' Committee and Ulster Chemists' Association are angry over recent financial events. Yet apart from those we elect to get angry on our behalf, it seems we remain indifferent. Yet these events could impact on the bottom line of every contractor in Northern Ireland.

GlaxoSmithKline has called a halt to its discount scheme while the Central Services Agency continues its clawbacks. In the era of the new contract it seems GSK no longer needs to give contractors discounts. Fine for English contractors but things in Northern Ireland have yet to move on to a new three-tier contract.

A pantomime is now being played out, with PCC slogging it out with DISSPS. PCC's ire is of course a charade and DISSPS must be laughing up its sleeve as the issue is not about GSK discounts but about losses from parallel imports. But

### The average contract could lose £1,000 this year

then PCC can't say that

The average contract could lose £1,000 this year if clawback continues and the GSK changes go ahead. Contractors have always taken discount and DISSPS has always tried to catch up and claw it back. Year on year contractors felt smugly that they were ahead but DISSPS simply under-funded the profession; it was a truly pathetic state of affairs.

With only 2 per cent of the UK pharmacy market GSK is unlikely to do anything to bail out Northern Ireland contractors. PCC and UCA simply need to ask CSA what is being clawed back and insist it be added back into the global sum. Stop the histrionics and get on with it; we're living in a new world now.

*Written by a community pharmacist practising in Northern Ireland*

## TOPICAL REFLECTIONS

### The curious case of the election no one cared about

General election votes will have been counted by the time you read this; not that pharmacists have seemed particularly bothered which party runs the country. There used to be a time when the whole nation held its breath over a general election, when everyone thought they would be significantly affected by the outcome.

But a curious mixture of apathy and lack of

competition and policy differences has meant that mention of the 'e' word, over the Bank Holiday weekend at least, was simply a good reason to reach for the remote or skip a couple of newspaper pages. Pharmacy can be a notoriously insular profession but I haven't seen too many column inches in the trade press devoted to the subject either.

Surely the parties have some policy differences that affect pharmacists? If Labour hasn't got in, a lot of their initiatives will be slowed down or cancelled completely as the Tories put their stamp on things. Other than that, I'm largely in the dark myself. But it is worrying that national politics has almost become an irrelevance to most people. It has become more about personalities and power struggles than open debate and democracy. While most people have been assuming Labour will win easily, voters must still express their opinions and debate the issues or there is no point to the whole election process. Is it so much more important who we elect to the Society's Council than who resides in Downing Street?

I'm surprised that last week's 'Question time' (*C&D*, Apr 30, p16) put the Lib Dems so close behind Labour – perhaps Charles Kennedy has some wonderful pharmacy policies that he hasn't publicised very well.

Beverley Parkin waxes lyrical about the election in general (*C&D*, April 30, p12), but gives no hint on which party she thinks is best for pharmacy. Perhaps the Society thinks it best to remain objective on party issues, but if our representative bodies aren't willing to stick their necks out does it mean that there really is nothing at stake?

Hopefully those that haven't bothered with the election will be able to live with the result.

### Soothing those supply problems

Supply problems with medicines are inevitable. At least Wyeth has given us advance notice of its impending difficulties (*C&D*, April 30, p12) and hopefully the problem won't be exacerbated by selfish pharmacists stocking up.

Good PR around these issues is important for the manufacturers, as patients who hurriedly switched at times of shortage often do not return to their original medicine.

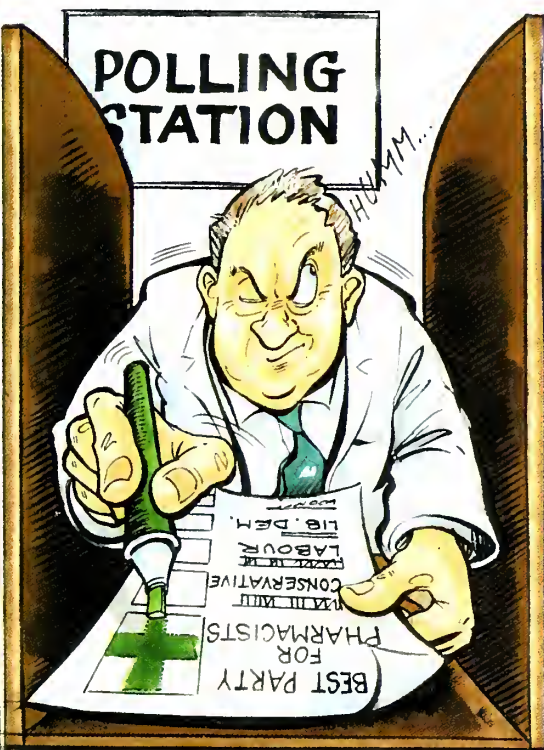
Changing medication looks inevitable for patients on some of these Wyeth products if the problems last any length of time.

Luckily some supply problems are easily overcome by resourceful pharmacists, whether strictly within the rules or not. Pfizer's Cardura 8ml XL tablets are a problem at the moment, but one I can overcome by doubling up on the 4mg strength.

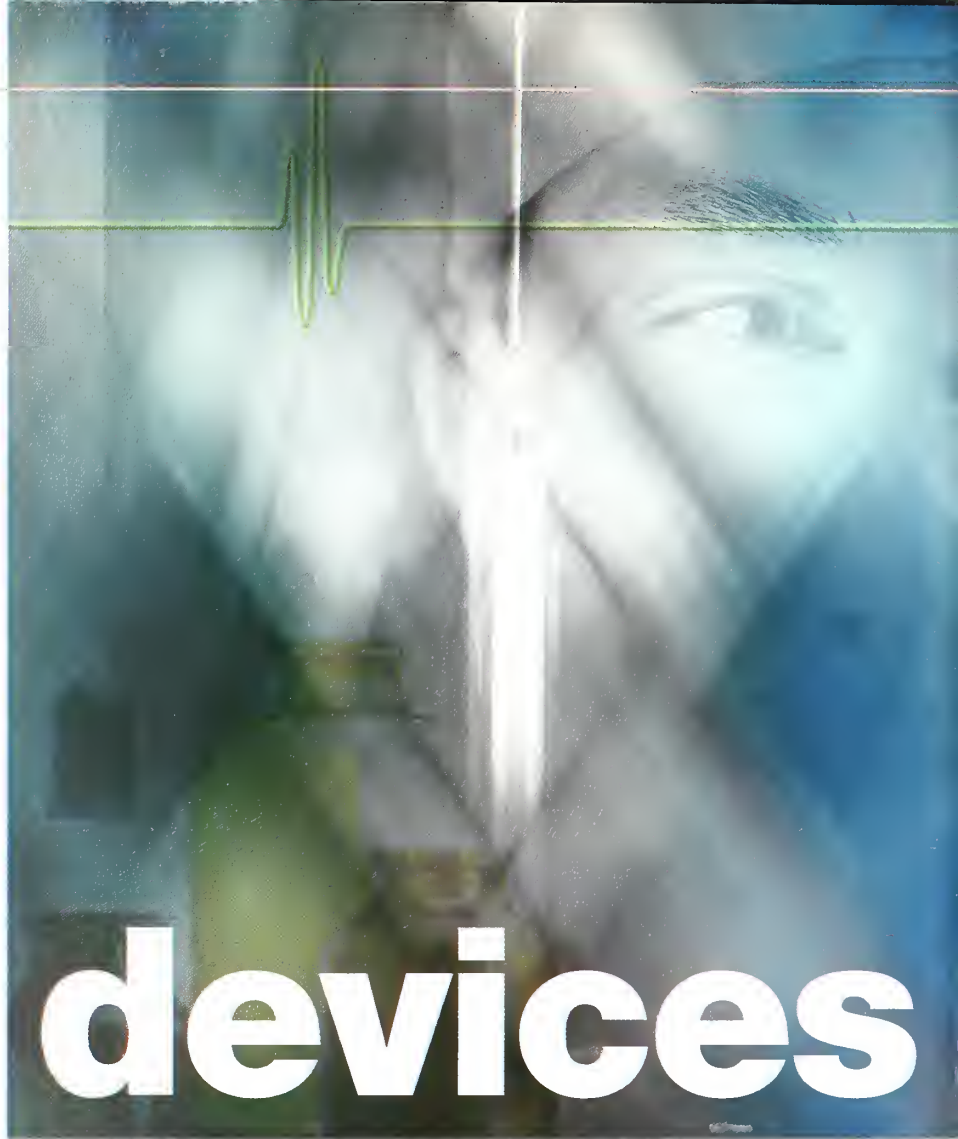
According to the PPA I shouldn't ever double up and expect to be paid for it, but the 4mg tablets are exactly half the price of the 8mg version so as long as I don't endorse the script I don't lose out.

So everyone is a winner – the patient gets their medication, the GP doesn't have to waste his time writing another prescription, and Pfizer doesn't lose a customer. And I have happy patients who appreciate me working in their best interests. I also get an opportunity to discuss patients' repeat medication with them. In the future this may even count as an opportunistic prescription intervention that I would get paid for, but I'm not holding my breath on that one.

Luckily for Pfizer, this doesn't cost a bean. All the more reason to appreciate the investment from Wyeth.



Last year, over 8,800 adverse incident reports were published relating to medical devices, of which almost 800 involved a fatality or serious injury. The statistics have prompted many close to the industry to ask questions about the safety of medical devices on the market.



## Left to their own

# devices

New statistics show that the number of adverse incident reports has soared over 40 per cent in the past six years. The figures have prompted people connected with the industry to ask whether the regulatory system for the marketing of medical devices is as robust as it should be.

Medical devices are regulated in the UK by the devices division of the Medicines and Healthcare products Regulatory Agency. However, unlike medicines, medical devices are not licensed, but are placed on the EU market with a CE mark to show conformity with the relevant European Council Directive, 93/42/EEC on Medical Devices (MDD) (1992), transposed into UK law. This, together with two associated directives, is designed to define essential requirements that devices must meet before being placed on the market, establish conformity assessment procedures and create mechanisms to manage implementation or to intervene in the market when required by reasons of public health.

The term 'medical device' covers a very wide range of products, ranging from sticking plasters to magnetic resonance imaging equipment. However, the common denominator is that they are all designed for use by human beings for health purposes (see panel).

The rules state that manufacturers must classify their medical devices before marketing, according to its type, eg whether it is invasive; for example pen needles, non-invasive, (wound dressings); or is an active device, which is defined as: "Any medical device the operation of which depends on a source of electrical energy or any source of power other than directly generated by the human body or gravity and which converts this energy."

Examples of active devices include cooling patches, which effect their intended action by energy (as opposed to chemical means) are, therefore, covered by this directive.

The directive further instructs manufacturers to classify their

products in one of four categories, depending on the device's potential to cause harm to the patient, user or other person. The lowest risk devices fall into Class I, while devices that exchange energy with the patient in a therapeutic manner or are used to diagnose or monitor medical conditions, are considered Class IIa. If this is done in a manner which may cause harm to the patient, then the device falls into Class IIb. Class IIb is also reserved for implantable devices or where absorption takes place. If a device connects directly with the central circulatory system (CCS) or the central nervous system (CNS) or contains a medicinal product, then the device falls into Class III.

Before a manufacturer can market a device, the company must compile a technical file, outlining among other things a description of the device, a definition of its intended purpose or use, how the essential safety and efficacy requirements have been met, clinical data to support the performance claims being made (including a risk/benefit assessment) and a hazard analysis.

For all classes except Class I, a notified body must independently evaluate this file. For Class I devices, the file simply needs to be kept for further scrutiny, if required. It is of interest to note that the MHRA does not have to rubberstamp a CE-marked Class I device classification before it is placed on the market.

### Nurofen feels the heat

Medical devices hit the headlines a few months ago when Crookes Healthcare voluntarily withdrew its Nurofen Heat Patch following reports of adverse skin reactions, similar to sunburn, in people using the product. Manufacturers of heat patches keen to disassociate themselves with the Nurofen withdrawal point out that the Nurofen patch was launched as a Class I medical device, and therefore was not required to subject its technical file for independent regulatory approval

The term 'medical device' covers a very wide range of products



## Medical devices: a definition

The European Medical Device Directive (93/42/EEC), defines a device as "... any instrument, apparatus, appliance, material or other article, whether used alone or in combination, including the software necessary for its proper application intended by the manufacturer to be used for human beings for the purpose of:

● diagnosis, prevention, monitoring, treatment or alleviation of disease

● diagnosis, monitoring, treatment alleviation of or compensation for an injury or handicap;

● investigation, replacement or modification of the anatomy or of a physiological process;

● control of conception;

and which does not achieve its principle intended action in or on the human body by pharmacological, immunological or metabolic means, but which may be assisted in its function by such means..."

prior to launch. Lynn McGinness, senior brand manager for Mentholatum's Wellpatch Deep Heat Patch, for example, issued a statement at the beginning of this year highlighting that Mentholatum's patch is classified as a Class IIa patch, and is therefore supported with an approved dossier of safety and efficacy.

As part of the marketing procedure a medical device manufacturer must also have in place effective vigilance/adverse incident reporting and post-market feedback (PMF) systems, and it is testament to the procedures in place at Crookes that the product was voluntarily withdrawn once the company became aware of the skin reactions its product was causing. At the moment, Crookes states that it is investigating the incidents but will not comment on whether the emerging facts point the finger of blame at the product or at the consumers using it.

Due to reasons of client confidentiality, the MHRA has also refused to comment on the circumstances of the Nurofen Heat Patch withdrawal, although it does reveal that manufacturers themselves issued around 3,250 'vigilance' reports last year, 28 per cent more than in 2003.

Whether the regulatory system is to blame remains a moot point. In its guidance notes to the Medical Devices Directive, the European Commission itself admits that: "It is not feasible economically nor justifiable in practice to subject all medical devices to the most rigorous conformity assessment procedures available.

"It is recognised that although the existing rules will adequately classify the vast majority of existing devices, a small number of difficult cases may arise. Such cases may in particular include the determination of the borderline between two classes. In addition there may be devices that cannot be classified by the existing rules because of their unusual nature or situations."

Latest statistics issued by the MHRA reveal that over the past six years, the number of adverse incident reports has risen to 8,840 last year, resulting in 336 safety-related product recalls. The MHRA says: "This continues to reflect the increased variety and volume of medical devices generally available and in use."

Independent experts on medical device classification also accept that the current rules have limitations. Says Bernard Tremaine of the Medical Devices and QA Consultancy: "The EC legislation is intended to cover all devices, and, therefore it has to be loosely written and can't be completely prescriptive." But he also points out that written guidance is available both from the MHRA and from independent consultants for those companies that may not have the in-house expertise to handle a classification itself. He also feels that the MHRA does a thorough job in evaluating applications and has effective procedures in place to sample the non-audited technical files for Class I devices.

He concludes: "All around the globe medical products are classified according to their perceived risk or potential for patient harm. In all areas of the globe, low risk products are subject to the same low regulatory burden. "Rightly or wrongly, it is perceived by governments that if a higher than necessary regulatory burden were placed on manufacturers, then innovation and choice would suffer. I believe, generally, the regulatory authorities around the world have got the balance about right."

For more information:

[www.europa.eu.int/comm/enterprise/medical\\_devices/guide](http://www.europa.eu.int/comm/enterprise/medical_devices/guide)

[www.mdqaconsultancy.co.uk](http://www.mdqaconsultancy.co.uk)

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## Rich-poor health divide greatest since 1800s

The disparity in healthcare access for rich and poor is at its greatest level since Victorian Britain, according to a report in the *BMJ*.

The Government has failed to address the gap in health provision for different regions of the UK, claims the *BMJ* research. Despite an overall increase in life expectancy, Britain's poorest regions are at a growing disadvantage compared to wealthier areas with the gap in male life expectancy between east Dorset and Glasgow rising by 12 years between 1992 and 2003, according to *BMJ* data.

"Since Victorian times such inequalities have never been as high," says the report, which investigated life expectancy, poverty, income and wealth indicators across the UK. The rise in income related health problems are also supported by a recent report into childhood obesity

prepared for the Department of Health in conjunction with the Health and Social Care Information Centre.

The investigation revealed that low-income households were far more likely to have obese children than offspring from richer homes.

However, the Government defended its record, claiming that it had reduced the gap in healthcare between rich and poor through greater NHS investment and a healthier economic climate. A Government spokesperson said: "Poverty is a killer and we are taking steps to tackle key issues such as obesity. Also the introduction of the minimum wage has allowed poorer households to afford a better diet. For the *BMJ* report to say people are worse off than in the 1800s is ridiculous as the poor had no access to healthcare at that time."

MG

### PHARMACY

## Pharmacists to join tsunami relief aid work in India

Two of Lloydspharmacy's pharmacists are going to India to assist in the ongoing relief work following the Boxing Day tsunami.

Asif Moosa, business change manager at Lloydspharmacy's headquarters in Coventry and Kay Tanna, a branch manager from Swindon, will work in Calcutta with the German charity Doctors for the Third World, which has a partnership with Lloydspharmacy's parent company Celesio.

The German team in Frankfurt has given them extensive training in the use of a minilab, which will be used for testing drugs donated to the charity that could be out of date or counterfeit.

Mr Moosa and Ms Tanna will train local healthcare assistants to use the minilab, which will remain in Calcutta.

Mr Moosa said: "Having seen what has been happening out there it's a fantastic opportunity for me to put my skills to use. We'll be testing drugs and training



Asif Moosa and Kay Tanna off to Calcutta.

local staff so that they can carry on the work when we have left."

JE

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In the first of two articles on headache, *Derek Balon* reviews the types that can be treated in the pharmacy

## Where's your head at?



### THE COLLEGE OF PHARMACY PRACTICE

This course (module 1336), in association with multiple choice questions being published in C&D June 4, provides one hour's continuing education

Cephalalgia, or to give it its common name, headache, is one of the most common symptoms presented to healthcare professionals and should be regarded as a symptom rather than a disease. The International Headache Society recognises about 130 different types of headache.<sup>1</sup> There is a wide variety of underlying causes, a few being life threatening (*Table 1*). However, the majority presented to pharmacists and GPs are minor, and amenable to diagnosis and relatively simple treatment.

When assessing patients it should be borne in mind that, although the professional definition of a headache excludes pains on the face, patients often present sinusitis, trigeminal neuralgia, temporal arteritis and even eye, ear or tooth pain as a headache. It is also important to remember that headache can result from various sensory stimuli including mechanical stress, heat and cold. Various chemicals such as bradykinin, prostaglandins, serotonin, acetylcholine, histamine and potassium ions may also be responsible.

It is useful to classify headaches as either primary or secondary.<sup>2</sup> Primary include migraine, cluster, or tension headaches in which the pain is directly associated with the cause and is not associated with any underlying condition. A secondary headache is the symptom of an underlying condition and as many as 300 different identifiable pathologies may be responsible. These include systemic or intracranial infection, intracranial space occupying

lesions, head injuries, severe hypertension, cerebral hypoxia, and many diseases of the eyes, nose, throat, teeth, ears, and cervical vertebrae (*Table 2*).<sup>3</sup> Substance abuse or withdrawal, and drugs or noxious substances may also be the cause.

It follows that pharmacists must be able to recognise those conditions that require referral and those that can be treated by a non-prescription medicine. This two-part article is intended to help pharmacists reach a working hypothesis (diagnosis) of which category of headache the patient has.

There are two major areas of concern when attempting to diagnose the cause and thus the type of headache – the symptom complex and the region.<sup>5</sup> The symptom complex includes associated symptoms and type of pain. However, this is not to say the other areas of concern are not significant.

### Pharmacy management of headaches

While the conditions listed in this section may be treated by a pharmacist, other factors may necessitate referral.

### Tension headache<sup>6</sup>

This is the most common form among adults and adolescents and is also known as a nervous, psychogenic headache, or muscle contraction or stress headache. It is the result of some internal stress, anxiety or tension, possibly at a subconscious level, which results in muscle contraction,

### Objectives

- To understand some general causes of headaches
- To be aware of the types of headache treatable by non-prescription medicine
- To know when these headaches should be referred
- To be aware of the characteristic symptoms of different types of headache



Continued on page 20 ►

Pharmacists must be able to recognise symptoms that require referral

**Table 1: Some causes/types of headache**

- tension headache
- migraine
- cluster headache
- sinus headache
- neuralgia, eg trigeminal neuralgia
- infections, eg meningitis
- traction inside the head, eg brain tumour, brain abscess, hydrocephalus, haematomas, aneurysm
- general health problems, eg high blood pressure, spondylosis
- eye problems
- dental disorders
- toxic headaches: a) endogenous toxins such as viral and bacterial infection b) exogenous toxins – industrial fumes, polluted waters, pesticides in foods, food preservatives, foul air in poorly ventilated places and smog; many common household items absorbed through the skin, such as cleaning fluids, fuels, insecticides and paint
- drugs
- cold food, for example ice cream
- lack of food
- rebound headache, for example caffeine, nicotine, analgesics

especially in the neck, back of head and upper back region. Physical stress may be a cause and prolonged mental concentration is another tension headache trigger.

Episodic (isolated) tension headaches can last from 30 minutes to seven days. The pain is constant (not pulsating or throbbing), mild to moderate in severity, bilateral, and feels like a tight band around the head. It is not induced or made worse by exertion.

All forms of extreme pain can cause nausea and vomiting but this is not usually the situation with tension headaches.

Sensitivity to light, sound or smell is not affected, nor is balance or strength. The headache frequently begins gradually and often starts in the middle of the day, increasing in severity as the day progresses (*see also Table 3*).

Tension headaches are usually triggered by some type of environmental or internal stress. While there will be a cause, it is not always possible to identify the stress involved. The most common sources include family, social relationships, friends, work and school. Some of the greatest social stress is produced by marriage, divorce (home life problems) and buying a home. Other examples include:

- holidays
- competing/achieving as in exams, sports
- personal concerns such as appearance, being overweight, few friends, being a perfectionist
- work stresses such as deadlines, employment advancement, losing a job, starting a new job
- commuting or extended at work or social

Many of these result in lack of sleep, which may also cause a headache. While not really a tension headache, poor posture or

sleeping position may cause muscle tension, leading to headache.

Episodic tension headaches are usually triggered by an isolated stressful situation or a build-up of stress. Daily stress, such as from a high-pressured job, can lead to chronic tension headaches.

## Migraine

Treatment by the pharmacist is limited to symptomatic relief and referral is usually required.

The International Headache Society has characterised migraine as intermittent attacks of headaches.

There are two main types:

- **Common migraine** without aura, which affects about 75 per cent of migraineurs
- **Classical migraine** with aura. The aura is almost always visual (for example, zig-zag lines) but also includes sensory, aphasic and, rarely, motor phenomena. Aural symptoms usually last between four and 60 minutes. However, a headache is not an essential symptom of a classical migraine attack. Up to 42 per cent of patients may have just the aura, although such attacks are infrequent.

These types are not mutually exclusive and about a third of migraineurs suffer both types at some time in their life. A minimum of two attacks with aura or five attacks without is required to satisfy the definition of migraine. It is estimated that migraine affects about 10 per cent of the population, with females more likely to suffer than males.<sup>7</sup> Onset is rare after 50 years old.<sup>8</sup>

## Typical symptoms

Migraine was and, to some degree, still is defined by its symptoms. The symptom

**Table 2: Some causes of secondary headaches\***

### Intracranial

Haematoma/haemorrhage, obstruction (embolism), circulatory malformation, encephalitis, benign intracranial hypertension, meningitis, obstructive hydrocephalus, brain abscess, cerebral vasculitis, post-lumbar puncture

### Extracranial

Sinusitis, optic neuritis, giant cell arteritis, cervical spine disorder, temporomandibular joint disorder, glaucoma, dental disorder

### Systemic

Hypertension, anaemia, uraemia, viraemia, hypercapnia (excess CO<sub>2</sub> in the blood), hypoxia, vasoactive drugs/caffeine withdrawal, toxic substances including drugs, pyrexia

**Table 3: Diagnostic features of tension headache**

<b>Symptom complex</b>	Bilateral constant pain, may be described as "a tight band" No light or sound sensitivity, sore throat, pyrexia, nausea or vomiting
<b>Region</b>	Back of head or whole head, sometimes shoulders and neck involved, but not face
<b>Universal factors</b>	Provoked by stress, usually emotional but occasionally physical. Relieved by removal of stress once identified Patient may be irritable, or complain of fatigue, stress, depression or anxiety
<b>Time/Intensity</b>	Usually mild and of short duration (severe and long lasting are rare). Often gets worse as day progresses, and can last days, weeks or months
<b>Natural history</b>	Commonly starts at midday or later. May recur, especially if stress not relieved
<b>Current medication</b>	Not caused by drugs

complex includes a unilateral (sometimes becoming bilateral with time), moderate to severe pulsating headache. It often starts unilaterally at the front of the head and moves backwards.

Nausea and vomiting are common. Photophobia, phonophobia and gastric stasis also occur, the latter not being reported as a symptom. While the aura is not an essential symptom of migraine, it is useful in the diagnosis of classical migraine. Migraine headaches may last a long time and they recur, sometimes hours after the initial headache has receded (*see also Table 4*).

**What provokes migraine?**  
There appears to be a genetic

component in migraine, which sets an individual's threshold to external stimuli that produce an attack. These triggers include external hormonal changes (such as the combined oral contraceptive), alcohol, bright and/or pulsating lights, stress, tiredness, tyramine-containing foods such as chocolate and cheese, tea, coffee, fatty foods, and hunger.<sup>9,10</sup> Internal changes in female hormone levels are also implicated.

## Sinusitis

Sinusitis is a common condition, and 16 per cent of adults will have had it within the past year. Such patients frequently present with a

*Continued on page 21* ►



**Table 4: Diagnostic features of migraine<sup>11</sup>**

<b>Symptom complex</b>	Usually pulsating/throbbing, but may be a dull ache. May be accompanied by aura, nausea and/or vomiting, photophobia, phonophobia, fatigue, sleepiness and sensory loss. No pyrexia or sore throat
<b>Region</b>	Headache often unilateral (60 per cent), but may become bilateral. Often starts behind one eye, but not facial
<b>Universal factors<sup>1, 10</sup></b>	Provoked by flashing lights (television, strobes, fluorescents), lack of food, specific food, such as cheese, chocolate, alcohol, Chinese food, coffee/tea, too much or not enough sleep, pregnancy, physical/ psychological/ sensory stress, smoking. Aggravated by physical activity. Relieved by sleep and darkness
<b>Time/Intensity</b>	Attacks last four to 72 hours and are moderate to severe. Second headache may occur within two hours (episodic)
<b>Natural history</b>	Aural symptoms (when present) develop over about four minutes, last about an hour and are followed by a headache within 60 minutes
<b>Current medication</b>	Oestrogens, such as the combined contraceptive pill

**Table 5: Diagnostic features of sinusitis headache**

<b>Symptom complex</b>	Pain accompanied by nasal congestion and/ or runny nose with purulent discharge. Pyrexia absent, unless sinuses infected rather than inflamed
<b>Region</b>	Frontal sinus, sometimes teeth
<b>Universal factors</b>	Often associated with a cold or allergic rhinitis. Made worse by bending down and increasing blood pressure in head
<b>Time/Intensity</b>	Intensity varies from mild to severe. Worse on waking up in morning when nasal congestion worst and sinuses least likely to drain
<b>Natural history</b>	Onset with nasal problems. Usually resolves quickly when treated
<b>Current medication</b>	Not usually drug induced

headache and establishing the pain's location rapidly points towards sinusitis. The prime symptom (pain) is the result of inflammation of, or pressure within, one of the major frontal sinuses, located just above and below the nose (see also Table 5).

While the prime symptom is pain, other symptoms may include those of the common cold or allergic rhinitis (seasonal or perennial), especially a blocked

nose. The location of the headache, either above or below the eyes, close to the nose, is crucial. If there is a purulent discharge, referral is required.

### Pyrexia

Any condition that causes significant pyrexia (temperature above 39°C) may give rise to a headache. Such headaches are usually general in location, constant in nature and relatively minor. The associated symptoms

are often diagnostic of the underlying condition and the presence of the headache is a secondary consideration.

Depending on the cause and other presenting symptoms, pharmacists must decide whether to treat or refer. A temperature in excess of 39°C usually requires referral.

For example, the common cold is frequently accompanied by a headache but the temperature is only slightly raised (under 39°C) and can be treated by the pharmacist. A temperature over 39°C is one of the signs differentiating flu from a cold, so treatment or referral would depend on the patient's constitution or frailty.

### Fatigue

Lack of sleep can cause headaches. These are not usually severe in intensity, and are general and constant. The associated symptoms of tiredness, irritability and "cannot keep the eyes open" are useful pointers. In the absence of other symptoms, patients can be given suitable advice (but not caffeine-containing tablets).

### References:

1. *Headache Classification Committee of the International Headache Society. Classification and diagnostic criteria for headache disorders, cranial neuralgias and facial pain. Cephalalgia. 1988;8 (suppl 7):1-97.*
2. *Saper, JR. Headache disorders. Med Clin North Am 1999;83(3):663-690.*
3. <http://www.wrongdiagnosis.com/sym/headache.htm>
4. *Merck Manual, 2004 Table 168-1.*
5. *Balon, D. Heading for Trouble. C&D, June 1, 1996. Available at [www.dofpharmacy.com/uphead.html](http://www.dofpharmacy.com/uphead.html)*
6. *Tension headaches, The Cleveland Clinic, [www.clevelandclinic.org](http://www.clevelandclinic.org)*
7. *Russel, MR, Olesen, J. A nosographic analysis of migraine aura in the general population. Brain 1996; 119: 355-61.*

8. *Stewart, WF, Schechter, A, Lipton, RB. Migraine heterogeneity: disability, pain intensity and attack frequency and duration. ibid. S24-39.*

9. *Bie Z, Blax GC, Hopp HP et al. In search of the ideal treatment for migraine headache. Medical Hypothesis 1998; 50: 1-7.*

10. *Chavanni, KJ, O'Donnell, DC. Pharmacotherapy 22 (11):1442-1457, 2002.*

11. *Blan, J. Challenges in treating migraine patients. Prescriber April 1998: 5869.*

*Derek Balon, FRPharmS, is a proprietor pharmacist and visiting lecturer at King's College London.*

## Actionplan

1. Select one cause of a secondary headache in which you have an interest. Write short notes in your practice workbook about the presenting symptoms you would expect and the questions you would ask to make a diagnosis (working hypothesis).
2. For the next 25 patients who ask for your advice about their headache, record in your practice workbook the type of headache, its characteristics (areas of concern) and your management of their condition. Did you have to refer any patients? If so, why?
3. In your practice workbook identify the drug (or preparation) of your choice for each type of headache. Think about why you choose any particular product and include the reasons in your notes. Ensure that your medicines counter assistants read your notes, then discuss your choice with them to ensure your patients receive optimum advice and treatment.
4. Survey your staff to establish how often they suffer from headaches. If possible extend this survey to all your acquaintances. What is the most frequent type of headache? Try to find out in each case if there is an identifiable cause. What is the most frequent cause?

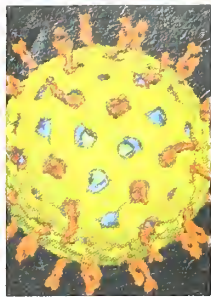
## Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the June 4 issue, which will cover this week's CPP-accredited material, together with those in the May 21 and 28 issues. These will cover:

● **Headache part 1 (1336)** ● **Kidney diseases part 2 (1337)** ● **Selenium (1338).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

## Rotavirus vaccine licence sought



Rotavirus is the most common cause of dehydrating diarrhoea in children

A marketing authorisation for Rotateq, a new rotavirus vaccine, has been lodged with the European Medicines Agency.

Currently being developed by Merck, the vaccine aims to protect against gastroenteritis caused by rotavirus infection. Although Merck filed for a product licence in the USA last month, it did not request approval from the EMEA, leaving the application to Sanofi Pasteur MSD who will be responsible for marketing the vaccine in Europe.

Rotavirus is the most common cause of severe dehydrating diarrhoea in children worldwide, causing nearly 500,000 deaths in under fives every year. If granted a licence, Rotateq is likely to be the first rotavirus vaccine available since Wyeth's product was withdrawn in the US in 1999.

GSK is believed to have a similar product, called Rotarix, currently in development.

# Obesity linked to dementia

Obesity in middle age increases the risk of future dementia regardless of other conditions, US researchers have said.

Published as a *British Medical Journal Online First* article, the study analysed data from 10,276 people living in California who had a health check between 1964 and 1972, and then again in 1994. The information collated included medical history and conditions, body mass index and skinfold measurements at two body sites.

Compared with those who were normal weight in middle age, obese people had a 74 per cent greater risk of dementia. In addition there was a stronger association between BMI and dementia in women than men.

The risk appeared unrelated to

any sociodemographic factors or common comorbidities.

Calling the work "important and topical", the Alzheimer's Society said obese people were at increased risk of high blood pressure and cholesterol. In previous studies, these heart disease risk factors had been shown to put patients at increased risk of dementia, the organisation highlighted.

The charity's research director Professor Clive Ballard concluded: "Given that the number of people with dementia is already increasing dramatically as our population ages, it will be extremely important to minimise additional preventable risk factors such as obesity."

**For more information:**

[www.bmj.com](http://www.bmj.com)



Obesity has been found to be a risk factor for future dementia

## Charity defends bone supplements

The National Osteoporosis Society has warned that recently published studies on calcium and vitamin D supplementation should not be taken at face value.

NOS deputy chief executive Jackie Parrington said that when combined with other research already published, the studies improved people's knowledge of osteoporosis therapies. The most effective drug treatment to prescribe would differ according

to the age of the patient, she said.

The charity's comments were made in response to separate papers published in *The Lancet* and the *British Medical Journal*. Involving over 8,500 patients aged 70 years and over, the two UK trials found no evidence supporting the use of calcium and vitamin D in fracture prevention.

An editorial accompanying the study featured in *The Lancet* said that supplementation still had a

role in people who were deficient in vitamin D. However, assuming this benefit would be seen in all populations was a mistake and participants' vitamin D status should be established in future trials, concluded Philip Sambrook, head of Sydney University's Bone and Joint Research Institute.

**For more information:**

[www.thelancet.com](http://www.thelancet.com)

[www.bmj.com](http://www.bmj.com)

## Alcon aims to boost meds compliance

Alcon Laboratories has launched a glaucoma medication compliance programme.

Available to patients using Travatan (travoprost), Eye Care For You aims to educate patients about the condition and explains how failure to follow glaucoma medication regimens can lead to vision loss. Patients are also offered practical solutions to aid compliance including a dose reminder alarm and a repeat prescription and appointment reminder service.

Although the initiative is initially being offered through eye clinics, Alcon product and field support manager Chris Dolamore said pharmacists were ideally placed to signpost the service to patients. He added that patient confidentiality would not be compromised because the Alcon-funded scheme is being managed by a third party, and in the future it could be expanded to incorporate other conditions and products.

**For more information:**

Eye Care For You

Tel: 0800 092 4567

## Scriptlines

### Lilly to withdraw HumaJect pen

Lilly has announced it will discontinue supply of the HumaJect pen next year.

The device is currently used to deliver the company's Humulin M3 and Humulin S insulins, both of which will continue to be available in a reusable pen or syringe. The company said its decision was based on declining HumaJect use, but added it had an extensive programme in place to ensure a "smooth transition" for its estimated 4,400 users.

**For more information:**

Eli Lilly & Co Ltd

Tel: 01256 315000

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You've just proved the 87/13 rule  
that states: "Decision makers  
read their professional media."

## Blood pressure monitor to detect pre-eclampsia

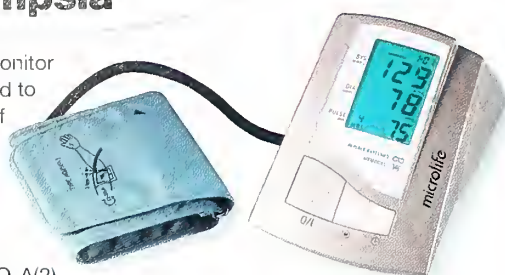
A blood pressure monitor specifically designed to detect early signs of pre-eclampsia in pregnant women is being introduced into independent pharmacies.

Microlife BP 3BTO-A(2) is designed to be easy to use and to provide quick and accurate results.

It can detect the symptoms of pre-eclampsia before they get to a harmful stage, allowing quick action to be taken ensuring the health of the mother and child.

The user can take three readings over the course of a day, which the monitor will automatically store so they can be shown to the doctor or midwife.

The monitor features fully automatic inflation, 30 data memory with date and time stamp, a jumbo display and two upper arm cuffs – medium and large to accommodate weight gain during pregnancy.



The monitor is endorsed by the baby charity Tommy's which provides information and support on healthy pregnancy to parents-to-be and health professionals.

Dr Andrew Shennan, Tommy's professor of obstetrics, comments: "Hundreds of women and babies have died from pre-eclampsia, partly due to blood pressure monitors under-reading the result and giving inaccurate information."

"The 3BTO-A(2) is a major advance in the treatment and detection of this dangerous condition."

**Price: £69.95**

Microlife  
Tel: 01273 494401

## Colgate all smiles with kids' brushes

Colgate-Palmolive has developed a new range of children's toothbrushes to make it easier for parents to choose the right brush for the age of their child.

Colgate Smiles toothbrushes are split into three clearly defined stages for age 0-2, age 2-5 and age 5+ which each come in three designs. The range replaces My First Colgate, Looney Tunes and Lego toothbrushes.

Step 0-2 is a tiny brush with extra-soft bristles to clean the front teeth and massage tender gums at the back of the mouth.

It features a coloured indicator dot on the brush to help parents ensure the right amount of toothpaste is used.

Step 2-5 is a toddler brush with multi-height soft bristles designed to reach and clean all first teeth and a small, soft oval head which is gentle on children's young gums.

Step 5+ brushes have multi-height soft bristles and a comfortable handle with thumb grip and a cushioned handle. These toothbrushes also feature a gentle tongue cleaner to remove bacteria and make brushing more enjoyable.

The launch will be supported by a marketing campaign targeting parents and a communications programme through dentist

practices and via other health professionals.

Jill Senior, senior product manager at Colgate-Palmolive, believes there is a real opportunity for growth in the children's toothbrush market which currently accounts for around 12 per cent of all toothbrushes purchased.

**Price: £1.99**

Colgate-Palmolive Ltd  
Tel: 01483 302222



**ALLERGY ADVICE** Rapid response allergy relief **Active in 15 minutes**

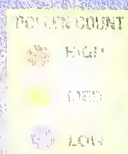
## HAYFEVER MONITOR

For free pollen alerts text **POLLEN** to 85080\* or log on to [www.allergyadvice.co.uk](http://www.allergyadvice.co.uk)

**WEEK STARTING 7 May**

### KEY FACTS

- Nationally the pollen count is on the increase with Norwich and London worst affected
- London is set to have the highest pollen count next week
- Birmingham, Bristol, Leeds, London, Norwich and Plymouth are on pre-alert status



Information updated weekly by SDI

\*Initial message is charged at your normal network rate. To unsubscribe from subsequent free alerts text 'stop' to 85080

Information is available from Pfizer Consumer Healthcare, Walton Oaks, KT20 7NS

## Profoot steps out in comfort

Profoot is extending its footcare range with three products developed for comfort.

The Memoreze insole is designed to relieve foot fatigue, eliminate friction and provide support for feet.

The insole has a two layer orthotic design to mould to the shape of the feet and arches. The bottom layer provides support, stabilising the heel while absorbing shock caused by walking or running. The top layer is 'advanced memory' foam that moulds to the shape of the foot. The insoles are available for men or women.

24 Hour Feet is a clear cushion for the ball of the foot and comes with a non-slip underside which makes it suitable for summer sandals and slip-ons. The product is washable, reusable and transferable between shoes.

Soft Gel Toe Separators are designed to relieve the pain and discomfort caused by corns and



calluses and other problems between the toes. The product contains mineral oil to help soften skin and prevent corns.

**Price: Memoreze £5.99; 24 Hour Feet £3.99; Toe separators £2.75**

Pip code: Memoreze men 313-3709, women 313-3691; 24 Hour Feet 313-1521; Toe separators 313 3683  
Profoot (UK) Ltd  
Tel: 020 8492 1600



# Help active families with allergies enjoy the great outdoors

Recommend effective allergy relief that's taken just once a day and does not normally cause drowsiness. Piriteze Allergy Tablets and Piriteze Allergy Syrup – what could be better for active families who want to get out there and play?

come out  
and play

Piriteze  
allergy  
syrup

once a day

Piriteze allergy  
one a day

cetirizine  
From 12 years and up

cetirizine  
From 6 years and up

#### Piriteze Allergy Tablets and Piriteze Allergy Syrup Product Information.

**Presentations:** Tablets containing 10 mg of cetirizine hydrochloride. Syrup containing 1 mg/ml cetirizine hydrochloride. **Uses:** Symptomatic treatment of perennial rhinitis, seasonal allergic rhinitis and chronic idiopathic urticaria. **Dosage and administration:** Tablets: Adults (including the elderly) and children 12 years and over: 10 mg daily. Children under 12 years: not recommended. Syrup: Adults and children 6 years and over: 10 ml once daily or 5 ml twice daily. Children under 6 years: not recommended. **Contraindications:** Hypersensitivity to constituents, breast feeding. Syrup: Severe renal impairment. **Precautions:** Use half dose in renal impairment. Tablets: Exceeding recommended dose may affect

driving or operating machinery. Syrup: Caution in impaired hepatic or renal function. Maintain good dental hygiene. **Interactions:** Alcohol. Syrup: concomitant use of CNS depressants. **Side effects:** Drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal disorders. Tablets: Very rarely convulsions. Syrup: Somnolence. Very rarely allergic reactions. **Legal category:** Tablets: GSL (7 tablets) and P (30 tablets). Syrup: GSL. **Product licence number:** Tablets: PL 00079 0398 (7 tablets) and PL 00079 0399 (30 tablets). Syrup: PL 00289 0595. **Product licence holder:** Tablets: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Syrup: Approved Prescription Services Ltd, Brampton Road, Hampton Park, Eastbourne, BN22 9AG, England. Further information available on request from: Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 7 tablets £3.99, 30 tablets £8.79; syrup 70 ml £4.99. **Date of last revision:** February, 2005. Piriteze is a registered trade mark of the GlaxoSmithKline group of companies.



GlaxoSmithKline  
Consumer Healthcare



## East meets West for botanical care

Phytoceutical is launching two botanical cosmetic creams that combine Eastern medical traditions with Western cosmetic science.

Revitalising Cream is an invigorating cosmetic balm to help maintain the body. It is rich in

botanical extracts including panax notoginseng.

Exceptional Soothing Skin Cream helps to moisturise, soothe and cool dry and irritated skin that has been affected by sunburn, rashes, after-shaving and waxing care. The formulation includes polygonum multiflorum which is reputed to balance and regulate skin metabolism, tone and texture.

Both products hold the Register of Chinese Herbal Medicine approved supplier mark.

**Price: Exceptional Soothing Skin Cream £14.95; Revitalising Cream £9.95**

Pack size: 50ml tube  
Balance Healthcare  
Tel: 0800 072 0202



## Sure for Men goes over the top

Unilever UK Home and Personal Care is supporting its Sure for Men antiperspirant with a TV campaign which breaks this month.

It shows an ordinary morning in 'Stunt City' where men travel to work in extreme style without

breaking into a sweat!

It finishes with the message 'Sure for Men, over the top protection for under the arms.'

**For more information:**

Unilever UK Home and Personal Care  
Tel: 020 8439 6100



**Cura-Heat:** All areas except C4, five

**Cura-Heat Period Pain:** All areas except C4, five

**Kalms Sleep:** five, GMTV, Sat

**Piriton:** All areas except U, CTV, GMTV

**Sensodyne:** All areas except U, CTV, GMTV

**Solpadeine:** All areas except U, CTV, GMTV

**TENA Lady:** All areas except U, CTV, LWT, GMTV

**PharmaSite for next week:** Clarityn - Window, Clarityn - in-store, Refresh eye drops - Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

## Game, set and match to Palmolive



Colgate-Palmolive has signed a multi-year sponsorship with reigning Wimbledon champion and current number-two-ranked Maria Sharapova for its Palmolive deodorants.

The initiative will help to support the Palmolive brand through advertising, in-store promotions, PR, direct marketing and online opportunities.

A Colgate-Palmolive spokesperson says: "Maria embodies everything that the Palmolive deodorant brand stands for - protection, reliability and confidence."

**For more information:**

Colgate-Palmolive Ltd  
Tel: 01483 302222

## Start something beautiful

GlaxoSmithKline Consumer Healthcare is spending £1.1 million on a consumer promotion for its Macleans brand from late May until the end of June.

The 'Start something beautiful with Macleans' promotion will offer consumers the chance to win a £10,000 luxury beauty makeover including a spa holiday in Goa.

Entrants collect three barcodes or till receipts from any three Macleans products to take part.

The closing date is 30 September, 2005. There will be national press, radio and internet advertising plus retailer TV and in-store activity. It will also be announced on I-Vu TV screens in



top hairdressing salons across the country.

**For more information:**

GlaxoSmithKline Consumer Healthcare  
Tel: 0845 762 6637

## Real life tales for Sensodyne

GlaxoSmithKline Consumer Healthcare aims to drive new business into the sensitive toothpaste category through a new £1.4 million TV campaign for Sensodyne toothpaste.

On air until June 27, the campaign will feature two new commercials which focus on Sensodyne Total Care Gentle Whitening.

These will be aired alongside a commercial for Sensodyne Total Care F which was previously screened in February.

The commercials feature members of the public talking



about their sensitive teeth and their experiences as sufferers before using a sensitive toothpaste.

**For more information:**

GlaxoSmithKline Consumer Healthcare  
Tel: 0845 762 6637



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# SPECIALLY FORMULATED

As pharmacists delegate more of their extemporaneous dispensing, the specials industry continues to refine its blend of science and service. Steve Bremer reports

The specials industry is maturing as it prepares an ever-increasing volume of extemporaneous preparations. The past year has seen the merger of two major manufacturers, the launch of a new company and the formation of a representative body for the industry.

The change of ownership of several existing commercial specials manufacturers as well as the emergence of newer players is keeping the specials market fresh and competitive, says Dr Andrew Tittershill, business development director at Martindale Pharmaceuticals.

"Community pharmacists probably have more choice now than at any time in the recent past in terms of sourcing their specials requirements."

To ensure it kept pace with developments, the specials industry formed its own representative body, the Association of Pharmaceutical Specials Manufacturers, last year. The body has provided a focal point for stakeholders to communicate with the industry. This has enabled the rapid

dissemination of information around the leading companies in the industry and, in turn, for co-ordinated views to be put forward by the ACSM on behalf of the industry.

All member companies agree that the creation of the ACSM has been a positive step for the industry. It has been effective as a negotiating body and as a forum for working together on initiatives such as creating standardised formulations for the *BNF for Children* (*BNF-C*). The *BNF-C* is due to be published in the summer and will contain information on all medicines licensed for children and neonates as well as unlicensed medicines for which there is good evidence.

Allan Robinson, BCM Specials general manager, comments: "The specials industry is now being invited to take part in the resolution of key issues which impact upon prescriber choice as well as patient access to the most appropriate and convenient medicines to meet their individual needs. For example, paediatric formulations, hospital manufacturing and so on. The collective representation of member

companies by the ACSM provides an authoritative and accessible industry voice when stakeholders in the provision of unlicensed medicines seek such a view."

## BNF for Children

A significant proportion of specials, perhaps up to half of all oral liquids for example, are used by children, according to the ACSM. Due to the current series of initiatives under the banner of customising medicines for children, this volume is expected to increase. However, as the population ages and more specials are used by the elderly, the proportion used by children could remain the same, suggests the ACSM.

The *BNF for Children* is one of these initiatives and could lead to calls for a greater use of standardised formulations, says Dr Tittershill. To some extent, the level of success of the *BNF-C* will influence the future development of standardised specials.

The industry is waiting to understand the impact of *BNF-C* standardised formulations in practice. It remains to be seen how consistent the end product of the standardised formulations will be when made by different technicians in different facilities, says Dr Tittershill. "Common sense suggests that there may need to be a range of values for the main product characteristics, and these may or may not be specified within the product release criteria set by *BNF-C*."

Fiona Cruickshank, managing director of The Specials Laboratory, agrees that the *BNF-C* could mark the beginning of more widespread use of standardised specials formulations. "It's a great idea for patients," she says. They could be sure that they were collecting the same formulation whichever pharmacy they visited. The *BNF-C* could also lead to increased licensing of products for children.

Standardised specials are most likely to appear in paediatrics because there are so few licensed medicines for children. Ms Cruickshank believes this is unlikely to happen in any other areas except possibly infusions used in oncology.

But she expresses concern that formulation work done by one company could then become a "free for all". The NHS, for example, could use other manufacturers' formulations to make its own specials. There would also be debate over which standard to use and where it would come from.

There are particular and important factors associated with a number of paediatric formulations which the *BNF for Children* will address, says Mr Robinson. "The maintenance of prescriber choice to ensure appropriate and convenient medicines at the point of need for all patients is of paramount importance if considering more widespread standardisation of formulations."

## Tailored to the patient

The new pharmacy contract and the *BNF-C* are the two most exciting developments in the specials sector, says Jan Flynn, marketing manager at Rosemont Pharmaceuticals. There is an increasing realisation that medicines should be tailored to the patient, particularly in the paediatric and geriatric sectors. "With



## Children should not be viewed as 'lighter adults' when it comes to medication

the new contract focusing on a more service-orientated role for the pharmacist, specials manufacturers have an important part to play in helping community pharmacists provide patients with the most appropriate medicines to meet their needs."

Children should not be viewed as 'lighter adults' when it comes to medication, as age-related differences in drug handling and drug sensitivity occur throughout childhood. In addition, the number of medicines with licensed indications available for children is comparatively limited.

"Standardised guidelines to help resolve and clarify these issues are to be welcomed as they will help ensure children receive the most appropriate and valuable therapeutic treatment."

And if pharmacists are still unsure of how to advise parents whose child is having difficulty swallowing tablets or capsules, the ACSM is happy to field questions about which manufacturers can meet their needs.

### A look at the labs

Martindale Pharmaceuticals has recently commissioned a new clean room manufacturing laboratory dedicated to

specials. At the same time, a new specials customer services call centre with state-of-the-art technology has been opened. "These facilities, coupled with the training and development of our staff, will enable Martindale to improve further the levels of service provided to customers," says Dr Tittershill.

On a different level, Martindale is investing heavily in its specials product stability programme. It is anticipated that this will result in longer shelf lives for some products. Martindale also continues to develop the primary and secondary packaging used for its specials products.

"I would like pharmacists to continue talking to us," says Dr Tittershill. "If a pharmacist needs a new formulation we have a growing team of pharmacists on hand to help you define your product formulation needs. If a customer has an urgent situation where a product is required 'now', then we will endeavour to work to get the product to the pharmacy in the shortest time possible."

Staff at the Specials Laboratory remain highly motivated to look after their customers, says Ms Cruickshank. "We're still completely

committed to customer care. It's about listening to what they want and giving them what they want. We pick the phone up and we talk to customers and we provide tailor made packages for their specials supplies."

Ms Cruickshank suggests that pharmacists should use the Specials Laboratory as an information source.

Manufacturers are, after all, one of the places where the National Pharmaceutical Association's information department gets its facts on specials.

Ms Cruickshank wants to share her passion for the pharmaceutical industry with others and encourage young pharmacists to take an interest in the area.

Through sponsorship of meetings and speaking to students at events, the Specials Laboratory is encouraging the British Pharmaceutical Students Association to get people into the pharmaceutical industry. "There's a really interesting career path there. I'm hoping to offer a pre-reg place in industry next year." The Specials Laboratory also offers holiday placements to undergraduates.

A major upgrading and refurbishment programme has been undertaken at the Rosemont manufacturing facility in Leeds which has increased capacity five-fold.

A state-of-the-art water system has been installed; production tanks, the electrical system and air handling systems have all been updated.

Continued on page 30 ►

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All of Rosemont's services are customer driven and it offers professional advice 24 hours a day, seven days a week, says Ms Flynn. "We are constantly looking to improve the range of products and services we offer the community pharmacist and in response to demand we have an ongoing product development programme so that even more specials will be offered as liquid medicines."

Rosemont supports pharmacists with a wide range of training materials that are of particular benefit to those pharmacists looking after local nursing homes. Its pharmacy support package includes: a medicines management video, training days, a liquid protocol and a protocol written for administering medicines to people with swallowing difficulties. All materials for pharmacists have been written independently by pharmacists.

Communication is key to getting the best from specials manufacturers, says Ms Flynn. "The company encourages dialogue via a regular newsletter and the Rosemont website, and by supporting research within pharmacy. "We encourage pharmacists to make use of our many years of experience in manufacturing specials to the highest standards. We have a dedicated team in customer services who enjoy the challenge of identifying solutions to medication problems. And we are happy to share technical data with pharmacists where it will help them provide a better service for their customers."

BCM Specials recently embarked on a £1 million expansion plan which has increased the production area within its 1,600sq m site. In addition, new computer systems have improved speed and efficiency throughout the production process.

"The outcome has been that we are better placed to offer our customers the high level of service and fast response time required by today's pharmacy market," says Amanda Ackroyd, BCM Specials commercial manager.

Communication is important to BCM. "At BCM Specials our customer advocates speak to hundreds of different pharmacists and dispensers each week and will endeavour to confirm individual details, lead times, availability and so on during the course of the conversation. We appreciate feedback from our customers, as we are always keen to improve wherever possible."

Mr Robinson points out that the new contract will place increasing demands on pharmacists' time. "At BCM Specials we pride ourselves on the provision of a fast and reliable service which frees up the community pharmacist's time to concentrate more on advising and reassuring patients," he says.

"The time-consuming task of extemporaneous preparation with all the associated responsibilities such as ensuring staff are competent, equipment correctly calibrated, formula and calculations are correct can be replaced by one simple phone

call to our customer service team."

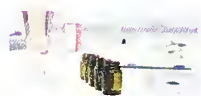
Phoenix has invested in the new company, Quantum Specials Ltd, which was created by four former managers of Eldon Laboratories. Quantum's aim is to supply a range of specials to retail and hospital pharmacies throughout the UK. The company is building its resources to be able to satisfy over 200 orders per day. Quantum will provide all the specials requirements for Rowlands' pharmacies and offer priority service to all Phoenix customers.

The Quantum board says: "We have all worked very hard over the past few months to get Quantum off the ground and this has been achieved within very tight budgets and timescales.

The support and encouragement from the board of Phoenix has been superb. We can now look forward with confidence to building a successful partnership and achieving our target of delivery, performance and complete satisfaction."

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## PAEDIATRIC MEDICINES

Association of Commercial Specials  
Manufacturers PR officer Andrew  
Tittershill discusses children's medicines

For as long as there have been licensed medicines there have been patients who have been unable to use them in the form presented by the manufacturer. Pharmacists have a particularly good understanding of the need for manipulation of licensed products in order to meet the special needs of some patients. When it comes to how individual products are manipulated there are several choices including extemporaneous dispensing in-pharmacy or sub-contracting to an external supplier.

But we should also recognise that, in practice, manipulation has often been done at the point of use by a patient or carer, such as when tablets are crushed for an elderly person. At the other end of the age scale, one of the biggest groups of patients for whom there is a frequent need to manipulate medicines is children.

The typical oral dosage form is the tablet or capsule. There are obvious difficulties in using these for children that are well recognised by pharmacists. Firstly, children below a certain age have difficulty in physically swallowing medicines in tablet or capsule format. Secondly, solid dosage forms are difficult to manipulate in order to graduate children specific doses. To give fractions of an adult dose accurately requires a liquid form. The smaller or younger the child, the more crucial it is to give accurate fractions of dosage.

In the current marketplace it is relatively rare for a new product to be launched with an oral liquid formulation available to meet children's needs. In fact there exists a huge and acknowledged gap between the licensed products available and what children actually need.



There is a belief that physicians and pharmacists should have access to the full range of treatments appropriate to the needs of their child and infant patients.

But it is unrealistic to expect that in all but the most popular products there will ever be a complete range of licensed presentations able to meet the needs of children of all ages.

The reasons for this are commercial, ethical and practical. In practice, children cannot be regarded as a homogenous group. There is no single market for children's formulations and for individual product lines the market is fragmented by the need to present different doses.

Dosages for babies and children are typically prescribed on a milligram per kilo basis. So for example, there would be a tenfold dosage difference between a 4kg baby and a 40kg teenager and this presents a significant challenge in being able to create a single liquid formulation suitable for all ages.

This is further complicated by differences across this age range in terms of palatability and issues of sensitivity and allergy. The ethical difficulties in relation to the testing of new medicinal products in children and babies also acts as a disincentive. For all these reasons it is not surprising that pharmaceutical companies find that it is not commercially viable to produce medicines to meet the full range of needs of children and babies.

Increasingly pharmacists are turning to specials manufacturers in order to provide children with what they need. There are several reasons for this: assurance of quality that specials manufacturers can provide; a reduced acceptance of manipulations in the home, from the perspectives of both convenience and quality; and increased pressure from those involved in children's medicines to ensure that children and babies have the same access to the full range of medicines as adults.

## There would be a tenfold dosage difference between a 4kg baby and a 40kg teenager

Ultimately, specials provide flexibility along with guaranteed levels of quality. The commercial specials industry has evolved specifically in order to meet this diverse and sophisticated need and none of the other methods—assembly in the home, or pharmacist assembly in a non-specialised environment—can meet the needs as elegantly and as fully as specials sourced from a commercial specials manufacturer.

One of the notable features of the specials industry is the consistent track record of investment that companies make in their facilities and staff.

In addition to the fabric of their facilities, specials manufacturers operate within a framework of GMP standards and SOPs

which ensures that standards and quality of assurance are different from the other options of sourcing.

So for example, when a clinician requires a medicine for a three month old baby presenting with epilepsy, requiring an oral liquid form of anticonvulsant, which is not available as a licensed medicine, the community pharmacist can expect that the specials manufacturer will have: the raw materials in stock; someone on hand to take and process the order and give advice; expert staff skilled in formulating products to meet individual patients' needs such as by providing alternative flavourings to improve palatability.

ACSM members have invested £5.6m in developing new products in recent years. Also, the product will be made under strictly controlled conditions and appropriately labelled and delivered in the formulation most suited to the patient.

Specials manufacturers are well placed to continue to meet the need for adaptation of licensed medicines to help guarantee that physicians, pharmacists and their younger patients have access to the full range of medicines that they may need. ☺

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# Wholesale

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UniChem's Livingston depot was recently refurbished as part of the wholesaler's warehouse redesign programme. **Asha Fowells** reports



Livingston, near Edinburgh, has several claims to fame, including Scotland's largest designer outlet shopping centre, and the Livi Lions, as the town's Bank of Scotland SPL football club is affectionately known.

But to many UniChem customers, Livingston is probably best known for being home to the wholesaler's only depot north of the border.

Now, following its transformation from a small distribution centre to a large regional operation, the Livingston warehouse is becoming known to even more pharmacists. Some £1.4 million has been invested in the site as part of the company's Best Practice project (see panel).

The majority of the money went on extending the warehouse and installing scanning technology and an automated picking machine, which, at 70 metres, UniChem claims to be the longest in the UK. Prior to the refit, all orders were assembled by hand, whereas the automat now holds nearly 2,000 fast moving products and accounts for 60 per cent of the depot's daily demands. The remaining 40 per cent of lines are picked manually either because they are slow-moving, or because they require special handling, for example liquids, Controlled Drugs or refrigerated products.

As well as substantially increasing efficiency, introducing automation has grown throughput by 300 per cent, and accuracy to 99.97 per cent. It has also allowed the warehouse to take over responsibility for its customers' overnight orders, previously assembled by UniChem's Preston branch. In fact, Livingston's capacity has increased so much that customers in the north of England served by the

Newcastle depot now receive their morning and weekend orders from Livingston.

David Wignall, northern regional general manager, says Livingston is now UniChem's third largest warehouse and has the capacity to cover other depots in emergencies. "It makes the network more robust and flexible," he says, adding: "We still have the ability to expand in terms of increasing automation and increasing volumes."

Not that the volumes currently flowing through the branch aren't impressive enough. The depot receives 700,000 units from its 300 suppliers each week, and despatches 135,000 lines per day. There are 450 active customer accounts served by 38 van routes that cover well over two million miles per year, while more remote pharmacies benefit from a dedicated courier service.

During the renovation, the warehouse team worked hard to minimise disruption for customers, says general manager Tony Brotherton: "The staff were buoyed up that the company wanted to invest in the site and in Scotland because this is not an affluent area." The finished product has boosted staff morale, he adds, pointing out that staff retention has improved (previously turnover averaged 16 per cent), and absenteeism has dropped because "it's a nice environment to work in now".

But the revamp wasn't entirely problem-free, says Charles Michie, owner of seven pharmacies in and around Aberdeen, and UniChem's longest served customer in Scotland. His loyalty to the wholesaler, which even stretches to him ordering his generics and over the counter products from UniChem's sister company OTC Direct, led to him being



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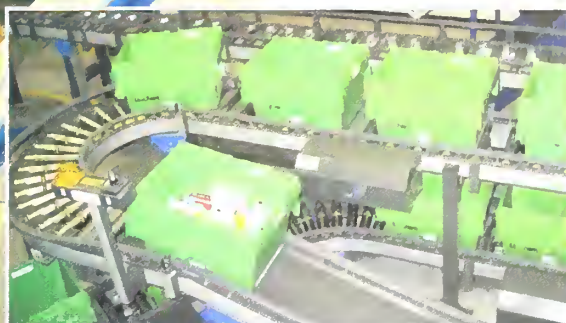
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# nge



asked to conduct the official opening of the Livingston depot.

"Some orders were delayed or went astray. Our systems are set up for one day's stock so it puts huge pressure on when there are discrepancies in the order. My criticism is with the smoothness of the methods

used to implement the changes, and I think they were guilty of less than 100 per cent communication," he says, adding: "It isn't perfect yet, but it's definitely improving."

UniChem marketing manager Mark Stephenson defends the criticism,

saying: "We wanted it to be as painless as possible by reducing the amount of disruption. But we tried to do too much too quickly, so it has been a difficult few months." He adds that the company will apply the lessons learnt to the next leg of the Best Practice programme.

So far, the project has seen the refurbishment of five UniChem branches - Hinkley, Croydon, Letchworth, Preston and Livingston. Work is due to start on the company's central distribution centre at South Normanton in June, followed by Chessington in early 2006. The programme, including updating of the company's four other warehouses in Exeter, Leeds, Newcastle and Swansea, is due to be completed by the beginning of 2007. ☺

UniChem has invested around £1.4 million in the Livingston depot, transforming it from a small distribution centre to an operation serving all the company's customers in Scotland and many in the north of England.

## Best Practice aims

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- To achieve optimum picking quality, by improving accuracy and stock availability.
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# Back I SUES

## Going along for

Manish Shah, director of Sigma Pharmaceuticals, cycled 252km from Kenya to Tanzania to help raise money for the Food for Life charity

Many generous people worldwide regularly use part of their wealth to help the less fortunate to live a better life. One such person is Manish Shah, a chartered accountant and director of Sigma Pharmaceuticals. From March 24 to 27, he cycled 252km from Nairobi in Kenya to the Ngorongoro Crater in Tanzania with a group of 50 cyclists from the UK, including five pharmacists, and 50 riders from Kenya to raise money for the Food for Life charity, which distributes meals to the needy.

The project was a joint venture between the Veerayatan (UK) and Iskcon (International Society for Krishna Consciousness) charities.

"The whole idea started towards the end of last year during a conversation with my good friend, eye surgeon Dr Jiten Tolia," says Mr Shah. "He has been actively involved in two previous expeditions from London to Amsterdam and Paris and plans were in hand for such a safari to Kenya and Tanzania. On the spur of the moment, I decided that I would take part in this event, and I went out the very next day to purchase a bicycle that would be suitable for such a tough assignment."

Serious training started early this year, which must have been tough to start with, especially as Mr Shah hadn't been on a bicycle since 1980.

For 10 to 12 weeks, every Sunday in all weather conditions, he and other participants from the Veerayatan Group cycled 30 to 40km in and around Rutland's worth in preparation for their more exotic African adventure.

Mr Shah travelled with his wife and other participants to

Nairobi in mid-March. On their arrival, everyone had one or two practice sessions to get acclimatised to the altitude since Nairobi and the expedition route are 5,000m above sea level.

The local organisers, led by Bharat Doshi and Rajan Jani, also arranged a meeting with the Kenyan vice-president the Rt Hon Moody Awori, who came to talk to the cyclists at the Serena Hotel in Nairobi, praising their efforts and acknowledging their contribution to the welfare of local Kenyans.

Very early on the morning of March 24, the 100 participants, ranging in age from 11 to 72, gathered at the Iskcon/Hare Krishna Temple where all of the bicycles and gear had been stored.

Following breakfast and a prayer session, the group started the first leg of 72km from Athi River to Namanga, accompanied

**The great sense of achievement will remain with us all for the rest of our lives**



From the left: pharmacist Jayant Doshi with his wife Rashmi Doshi, pharmacist Rajendra Patel, Kalpana Shah and Manish Shah



Manish Shah being followed by a local Masai tribesman on his traditional bicycle, with UK pharmacist Sheila Tolia

by a police escort. They were to cycle for six to seven hours a day.

"Initially I was a little nervous wondering how I would cope with this distance on a very warm day, especially at the high altitude and with the route covering several inclines," says Mr Shah.

"However, once the event started my confidence grew and I carried on cycling at a steady pace."

Although the road surface was mainly tarmac and obstacle-free, the group had to contend with heavy rain, lightning, and hailstones the size of golfballs, as well as soaring temperatures of 30°C. Such were the weather conditions that the distance to be covered was cut by 10km.

Along the way they saw zebras, giraffes, ostriches, wildebeest, but luckily, no predators.

From the Kenya/Tanzania border at Namanga everyone was ferried to the Serena Lodge in the Amboseli Reserve.

Next day they crossed into Tanzania and were honoured by the presence of a cabinet minister of the Tanzanian Government. They reached Arusha late in the afternoon after a strenuous 83km ride and spent the night at the new Arusha Hotel.

The third, 60km, leg from Arusha to Lake Manyara was hilly and the roads bumpy and rocky, but by then most of the cyclists had grown in confidence.

The final Lake Manyara to Ngorongoro leg, while shorter at 37km, was the toughest part of the journey. The road was narrow and winding with more than 20 hills, yet Mr Shah says: "I feel very satisfied in having completed this leg without once climbing down or seeking any assistance. We all felt a great sense of achievement, which will stay with us all for the rest of our lives."

The cyclists raised £200,000 for the Food for Life charity, which will provide hot meals for 7,500 children daily for life. Some money has also been set aside for fresh water boreholes in small villages in Kenya.

And, undaunted, Mr Shah is now considering taking part in future expeditions planned for India and South Africa.



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